

Italy, where Mibelli first thoroughly studied it, and Audry (of Toulouse) reported that he had seen about ninety cases. The speaker himself, while once dining with six Italian gentlemen in London, observed that three of them had well-marked angiokeratoma. He had also reason to believe that the disease was common in Roumania, where chilblains were very prevalent. His own first case, published in the *British Journal of Dermatology* in 1901, was that of a very robust-looking, athletic girl, a native of Cornwall. The intimate and causal association of angiokeratoma with chilblains was obvious, but he had never been able to accept the view advanced by some writers that the disease was of tuberculous nature, although he knew that chilblains were of notoriously frequent occurrence in consumptive sanatoria. The telangiectatic element was undoubtedly the essential one, and the hyperkeratosis was clearly secondary, sometimes even absent.

The PRESIDENT said that at an International Congress in Vienna he saw a drawing belonging to Billroth, dated 1839, in which the condition was figured. He did not think the lesions were tuberculous. He preferred the name "telangiectatic keratoses."

Erythema ab Igne or Livedo Reticularis with Pigmentation.

By H. G. ADAMSON, M.D.

THE patient was a young man, who had spent several years as a cabinet-maker's assistant, and whose occupation necessitated his standing for long periods in front of a large fire. The legs from the middle of the thighs to the ankles, on their anterior and lateral surfaces, presented a well-marked, dark, reddish-brown, net-like coloration. The redness could be pressed out, leaving the brownish stain. The case was shown as a very marked example of a well-known condition. It illustrated the theory that the erythema in such cases was the result of venous stasis, and that the peculiar pattern depended upon the anatomical distribution of the vessels in the skin. Renaut had shown that the blood distribution in the skin was mapped out into areas which were supplied by a central, deep artery and drained at their periphery by a network of veins; and it had been suggested that in an active erythema, or "roseola," the central arterial plexus was congested; in the passive erythema in livedo reticularis, the venous network; or, as Finger had put it—like the negative and positive of a photograph. The exhibitor referred to an interesting paper upon livedo annularis by Donnet.¹

¹ *La Presse méd.*, Par. 1909, xvii, p. 338.

DISCUSSION.

Dr. F. PARKES WEBER said that similar reticulate erythema with pigmentation occurred not rarely elsewhere on the body; it was easy to produce it by long-continued application of heat. He had noticed it on the abdomen as a result of local treatment by hot compresses for abdominal disorders; and on the back it appeared in persons who, on account of lumbago, &c., had used flat india-rubber hot-water bottles. Reticulate pigmentation from hot applications sometimes afforded evidence that the patient had suffered from abdominal disorder, or from lumbago, &c., according to the position of the pigmentation on the trunk.

Dr. WHITFIELD said that prolonged gentle heat caused a paralytic hyperæmia.



Pigmentation associated with erythema ab igne.

Cultures of *Achorion Quinckeanum* (Mouse Favus).

By H. G. ADAMSON, M.D.

THE patient was an English boy. The sole lesion was a shilling-sized, scaly erythematous ring, with two or three central pinhead-sized yellow scutulæ. A photograph was exhibited. On a previous occasion the exhibitor had shown cultures of *Achorion Quinckeanum* from the